



# USEA / NEA MEMBERSHIP APPLICATION

Please print in dark ink and return this form to:

USEA Membership  
864 E Arrowhead Lane  
Murray, UT 84107-5211

LEGAL NAME		PREFERRED NAME / NICKNAME		LOCAL ASSOCIATION (SCHOOL DISTRICT)	
STREET ADDRESS		SOCIAL SECURITY NUMBER		SCHOOL BUILDING/WORK SITE	
MAILING ADDRESS (if different from street address)		HOME PHONE (Including Area Code)		WORK PHONE (Including Area Code)	
CITY		HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS	
STATE	ZIP CODE	DATE OF BIRTH (Month, Day, Year)		SPECIFIC POSITION (JOB TITLE)	
REGISTERED VOTER (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		POLITICAL PARTY (optional) <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> No Party		GENDER (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male	
ETHNIC GROUP (Optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian (not of Spanish origin) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown					
POSITION <input type="checkbox"/> Custodial/Maintenance <input type="checkbox"/> Food Services <input type="checkbox"/> Secretary/Clerk/Administration Services <input type="checkbox"/> Transportation/Delivery/Vehicle Mechanics <input type="checkbox"/> Paraprofessional/Instruct/Non Instruct <input type="checkbox"/> Trade/Craft/Machine Operators <input type="checkbox"/> Technical Services <input type="checkbox"/> Librarian/Media Specialist <input type="checkbox"/> Security Services <input type="checkbox"/> Health Care/Welfare Services/Nurse <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Speech/Hearing Therapist <input type="checkbox"/> Special/Develop Ed <input type="checkbox"/> Reading Specialist <input type="checkbox"/> ROTC Instructor <input type="checkbox"/> Social Worker <input type="checkbox"/> Other _____					
NEA Active ESP (Education Support Professional Classification) <input type="checkbox"/> Full Time (more than 20 hours per week) <input type="checkbox"/> Half Time (more than 10 hours – 20 hours per week) <input type="checkbox"/> Quarter Time (10 hours or less per week)		<input type="checkbox"/> HOURLY <input type="checkbox"/> CONTRACT		WORK DAYS PER YEAR <input type="checkbox"/> 0 - 199 days <input type="checkbox"/> 200 - 219 days <input type="checkbox"/> 220 - 239 days <input type="checkbox"/> 240 + days	
				FOR OFFICE USE ONLY	

I hereby apply for membership in the Utah School Employees Association and in its local and national affiliates.

I hereby authorize the District to deduct dues for the Utah School Employees Association and its local and national affiliates as may be established and certified from time to time by those organizations, from my pay each month and to remit those dues to USEA. I hereby designate USEA and its local and national affiliates as my exclusive bargaining representatives.

By signing this application I understand and agree that: this authorization to deduct dues may be revoked by submitting a written revocation to the District; such revocation does not terminate membership in USEA or in its local or national affiliates or the obligation to pay monthly dues, and; my membership in USEA and its local and national affiliates continues until a written notice of cancellation is received at the main office of USEA or until it is otherwise terminated pursuant to bylaws, policies, or procedures of those organizations.

Ethnic Minority information is optional and failure to provide it will in no way affect your membership status, rights, or benefits in NEA, USEA or any of their affiliates. This information will be kept confidential. Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

MEMBER'S SIGNATURE	DATE	ENROLLED BY (please print full name)
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